

**Families First Coronavirus Response Act
Paid Emergency Sick Leave Request Form**
Effective April 1, 2020 – December 31, 2020

Employee Name: _____
Employee Number: _____
Department: _____

Leave Date(s) Requested: _____

If leave is taken for reason #5 or #6, would you like to use your personal leave to supplement the remaining 1/3 of leave? ☐ Yes ☐ No

If so, what type of leave would you like to use? _____

Reason for Leave	Type of Leave	Pay Structure
1. Quarantine or isolation order.	<input type="checkbox"/> Continuous	100% of pay (capped at \$511 p/d)
2. Advice from a health care provider to self-quarantine.	<input type="checkbox"/> Continuous	100% of pay (capped at \$511 p/d)
3. Experiencing symptoms of COVID-19 and seeking medical diagnosis.	<input type="checkbox"/> Continuous	100% of pay (capped at \$511 p/d)
4. Caring for a qualifying family member subject to a quarantine or isolation order, or who has been advised by a health care provider to self-quarantine.	<input type="checkbox"/> Continuous	67% of pay (2/3) (capped at \$200 p/d)
5. Caring for own child whose school or place of care has closed, or whose care provider is unavailable due to COVID-19.	<input type="checkbox"/> Continuous	67% of pay (2/3) (capped at \$200 p/d)
	<input type="checkbox"/> Intermittent	
6. Experiencing other substantially similar condition specified condition by the secretary of health and human services.	<input type="checkbox"/> Continuous	67% of pay (2/3) (capped at \$200 p/d)
	<input type="checkbox"/> Intermittent	

Employee Signature: _____

Date: _____

For HR Use	Date Received:	Payroll Date:	Calc completed: Y N N/A
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